PLACE OF BIRTH	
1. County of AR	IZONA STATE BOARD OF HEALTH
District of	
Town of A Late of the	TAL STATISTICS State Index No. 108
or ORIGINAL CERTIF	FICATE OF BIRTH County Registrar No
City of No.	Local Registrar No
City of	
2. Full name of child () are a Uyuu	If child is not yet named, make
i i i i i i i i i i i i i i i i i i i	er [6. Legitimate?]
fluele births. 5. No., in order of birth	7. Date 222
S. FATHER	1 14 2
Full name Cruz aguiro	14. MOTHER Full maiden name
9. Residence	Full maiden name Pairentla Pravo
(Henel place at (1/1)	II I5 Residence
If non-resident, give place and state. Traydlu	(Usual place of abode) If non-resident, give place and state.
10. Color or race	16 Color or race
Mexic and 11. Age at last birthday 37 (Years)	m
11. Age at last birthday (Years)	Mexicaul 17. Age at last birthday J. 7. (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Jalean Afril	(State or country) Suideva Mel
13. Occupation	19. Occupation
Nature of industry Muliman	Nature of Industry House well
Copper Consentration	Martine of industry
20. Number of children of this mother (a) Born alive and now living [21. Were precautions taken against oph-	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead (c) Stillborn	d thaimia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OF ACT	
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) (Born alive or stillborn.) (Born alive or stillborn.)	
Of midwife, then the father household. Signature 4/1/1/1/	
child is one that neither broather wer	(Photicbon or midwile)
anows other evidence of life after birth. Address	/ Haydu arigna
Given name added from a supplemental report	
Month, day, year Local Registrar.	
Registrar Filed	19
1/15 - 7 - County Registrar.	
7/- 305-700	

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